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Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

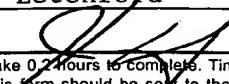
Attorney Docket No. 11252-009

First Inventor DEVERILL, Ian J.

Title COMPUTER SYSTEM PERFORMANCE

MONITORING USING TRANSACTION LATENCY DATA

Express Mail Label No. EL100649425US

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 37] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 3]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS <i>Citations</i>	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
Prior application information: Examiner _____		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: _____	
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		 or <input checked="" type="checkbox"/> Correspondence address below	
Name John F. Letchford			
Address Klehr, Harrison, Harvey, Branzburg & Ellers LLP 260 South Broad Street			
City Philadelphia		State PA	Zip Code 19102
Country US		Telephone 215-569-3495	Fax 215-568-6603
Name (Print/Type) John F. Letchford		Registration No. (Attorney/Agent) 33,328	
Signature 		Date 06/29/2001	

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710)

Complete if Known

Application Number	
Filing Date	06/29/2001
First Named Inventor	DEVERILL, Ian J.
Examiner Name	
Group Art Unit	
Attorney Docket No.	11252-009

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 501-555

Deposit Account Name Klehr, Harrison

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27
2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
12	3		-20** = 0	0	
			-3** = 0	0	

Large Entity Fee Description

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	390	216	195 Extension for reply within second month	
117	890	217	445 Extension for reply within third month	
118	1,390	218	695 Extension for reply within fourth month	
128	1,890	228	945 Extension for reply within fifth month	
119	310	219	155 Notice of Appeal	
120	310	220	155 Filing a brief in support of an appeal	
121	270	221	135 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,240	241	620 Petition to revive - unintentional	
142	1,240	242	620 Utility issue fee (or reissue)	
143	440	243	220 Design issue fee	
144	600	244	300 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	
Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	John F. Letchford	Registration No. (Attorney/Agent)	33,328	Telephone 215-569-3495
Signature		Date	06/29/2001	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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DOCKET NO.: 11252-009

PATENT

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this Patent Application is being deposited with the U.S. Postal Service, via Express Mail, No. EL100649425US, in an envelope addressed to:

Box Patent Application
Assistant Commissioner For Patents
Washington, D.C. 20231

on June 29, 2001
Date

Vanessa G. Hilton
Signature

Vanessa G. Hilton
Typed or printed name of person signing Certificate

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

11252-009

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	12	minus 20 = * 0	x \$ _____ =		x \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x _____ =		x _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		+ _____ =	
				TOTAL		TOTAL 710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		+ _____ =	
						TOTAL		TOTAL ADDIT. FEE

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		+ _____ =	
						TOTAL		TOTAL ADDIT. FEE

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		+ _____ =	
						TOTAL		TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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